## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2005 08:00 AM Secretary of State

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DOCUMENT # 472857  1. Entity Name THE INTERNATIONAL ADVISORY GE		ROUP, INC.			Sec	cretary of	State
1515 N. FEDERAL HWY., SUITE 300 17		Mailing Address 17116 NEWPORT CLUB DRIVE BOCA RATON, FL 33496					
						CR2E034 (10/03)	LAL LI IMAI
DO NOT WRITE IN THIS SPA			CE	01072005 4. FEI Number	No Chg-P		olied For
			·	59-1983			Applicable tional
	5. Name and Address of Current F	terristered Agent	···	3. Carallease	J. Status Desired	Fee Required	Tables of Control of Control
		Constellen Wilchit					
GARLICK, MICHAEL 17116 NEWPORT CLUB DRIVE			DO NOT WRITE				
BOCA RATON, FL 33496				IN T	HIS SP	ACE	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or registe	red agent, or boti	i, in the State of Flo	rida. I am familiar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature require				d when reinstating)	<del>- r</del>	DATE	
	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be			
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.  10. OFFICERS AND DIRECTORS			, Ц. да	ded to Fees			07.4.4.5. T. 77.7. N.
TITLE	OFFICERS AND I	DIRECTORS					
HAME	GARLICK, MICHAEL			··			
STREET ADDRESS CRY-ST-ZIP	1515 N. FEDERAL HWY.#300 BOCA RATON, FL	<u> </u>			Tioudo	0213067	ring i ng pro-
TITLE NAME		· · · · · · · · · · · · · · · · · · ·	- 1 **. *	,	~U2/U3/U5·	-8005 <b>0-0</b> 07 15	U.UU
STREET ADDRESS							
City-ST-ZIP						Section of the sectio	ward with distance of
NAME							
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT W</b>	RITE	
TITLE NAME STREET ADDRESS			IN THIS SPACE				
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TITLE							•
STREET ADDRESS							
CITY-ST-ZIP		<del></del>					·_^&e
NAME							
STREET ADDRESS			1				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other this sprowered.

SIGNATURES

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

11/05 561-999-0606

Daytime Phone #